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| UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small> | | Attorney Docket No. 09879-00032 (AGR-2002/M-217) | |
| | | First Inventor Gerhard Schnabel, et al. | |
| | | Title SOLID ADJUVANTS | |
| | | Express Mail Label No. EL 945321968 | |

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| APPLICATION ELEMENTS <small>See MPEP chapter 600 concerning utility patent application contents.</small> | ADDRESS TO: MS Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 |
|--|--|

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|---|---|
| 1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <small>(Submit an original, and a duplicate for fee processing)</small> 2. <input type="checkbox"/> Applicant claims small entity status. <small>See 37 CFR 1.27.</small> 3. <input checked="" type="checkbox"/> Specification [Total Pages 49] <small>(preferred arrangement set forth below)</small> - Descriptive title of the invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure 4. <input type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 4] 5. Oath or Declaration [Total Sheets 4] a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <small>(for continuation/divisional with Box 18 completed)</small> i. <input type="checkbox"/> DELETION OF INVENTOR(S) <small>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</small> 6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76 | 7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission <small>(if applicable, all necessary)</small> a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> Paper c. <input type="checkbox"/> Statements verifying identity of above copies ACCOMPANYING APPLICATIONS PARTS 9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s)) 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input checked="" type="checkbox"/> Power of Attorney <small>(when there is an assignee)</small> 11. <input type="checkbox"/> English Translation Document (if applicable) 12. <input checked="" type="checkbox"/> Information Disclosure <input checked="" type="checkbox"/> Copies of IDS Statement (IDS)/PTO-1449 Citations 13. <input checked="" type="checkbox"/> Preliminary Amendment 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <small>(Should be specifically itemized)</small> 15. <input checked="" type="checkbox"/> Certified Copy of Priority Document(s) <small>(if foreign priority is claimed)</small> 16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). <small>Applicant must attach form PTO/SB/35 or its equivalent.</small> 17. <input type="checkbox"/> Other: |
|---|---|

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No.: _____

Prior application information: Examiner _____ Art Unit: _____

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

| | | | |
|---|-----------|--|--|
| 19. CORRESPONDENCE ADDRESS | | | |
| <input checked="" type="checkbox"/> Customer Number or Bar Code Label | | 23416 | |
| | | or <input type="checkbox"/> Correspondence address below | |
| Name | | | |
| Address | | | |
| City | State | Zip Code | |
| Country | Telephone | Fax | |

| | | | |
|-------------------|--------------------|-----------------------------------|---------------|
| Name (Print/Type) | William E. McShane | Registration No. (Attorney/Agent) | 32,707 |
| Signature | | Date | July 11, 2003 |

 32190 U.S. PTO
10/619065
 07/11/03

| FEE TRANSMITTAL for FY 2003 | | | | Complete if Known | |
|--|--|------|--|----------------------|--|
| Effective 01/01/2003, Patent fees are subject to annual revision. | | | | Application Number | Not Yet Assigned |
| | | | | Filing Date | Concurrently Herewith |
| | | | | First Named Inventor | Gerhard Schnabel Et Al |
| | | | | Examiner Name | Not Yet Assigned |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | | | | Art Unit | N/A |
| TOTAL AMOUNT OF PAYMENT | | (\$) | | 790.00 | Attorney Docket No. 09879-00032 (AGR-2002/M-217) |

| METHOD OF PAYMENT (check all that apply) | | | | FEE CALCULATION (continued) | | | |
|--|--------------|--------------------|----------|--|----------------|-----------|----------------|
| <input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input type="checkbox"/> Deposit Account | | | | 3. ADDITIONAL FEES | | | |
| Deposit Account Number: 03-2775 Deposit Account Name: Connolly Bove Lodge & Hutz LLP | | | | | | | |
| The Director is hereby authorized to: (check all that apply) <input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account. | | | | | | | |
| FEE CALCULATION | | | | | | | |
| 1. BASIC FILING FEE | | | | | | | |
| Large Entity | Small Entity | Fee Code | Fee (\$) | Fee Description | Fee Paid | | |
| 1001 | 2001 | 750 | 375 | Utility filing fee | 750.00 | | |
| 1002 | 2002 | 330 | 165 | Design filing fee | | | |
| 1003 | 2003 | 520 | 260 | Plant filing fee | | | |
| 1004 | 2004 | 750 | 375 | Reissue filing fee | | | |
| 1005 | 2005 | 160 | 80 | Provisional filing fee | | | |
| SUBTOTAL (1) | | | | (\$) | 750.00 | | |
| 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE | | | | | | | |
| Total Claims | | 15 | -20** = | Extra Claims | Fee from below | Fee Paid | |
| Independent Claims | | 1 | -3** = | | | 0.0 | |
| Multiple Dependent | | | | | | | |
| Large Entity | Small Entity | Fee Code | Fee (\$) | Fee Description | Fee Paid | | |
| 1202 | 2202 | 18 | 9 | Claims in excess of 20 | | | |
| 1201 | 2201 | 84 | 42 | Independent claims in excess of 3 | | | |
| 1203 | 2203 | 280 | 140 | Multiple dependent claim, if not paid | | | |
| 1204 | 2204 | 84 | 42 | ** Reissue independent claims over original patent | | | |
| 1205 | 2205 | 18 | 9 | ** Reissue claims in excess of 20 and over original patent | | | |
| SUBTOTAL (2) | | | | (\$) | 0.0 | | |
| **or number previously paid, if greater; For Reissues, see above | | | | | | | |
| SUBMITTED BY | | | | Complete (if applicable) | | | |
| Name (Print/Type) | | William E. McShane | | Registration No. (Attorney/Agent) | 32,707 | Telephone | (302) 658-9141 |
| Signature | | | | Date | July 11, 2003 | | |

EL945321968US

Application No. (if known):

Attorney Docket No.: 9879-32 (AGR-2002/M-217)

Certificate of Express Mailing Under 37 CFR 1.10

I hereby certify that this correspondence is being deposited with the United States Postal Service as Express Mail, Airbill No. EL 945321968 in an envelope addressed to:

MS Patent Application
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

on July 11, 2003
Date



Signature

Barbara J. Miller

Typed or printed name of person signing Certificate

Note: Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

Application Data Sheet
Utility Transmittal (PTO/SB/05)
Fee Transmittal Sheet (PTO/SB/17)
Specification, claims & abstract
Combined Decl. and Power-of-Atty.
Assignment and Recordation Form Cover Sheet
Claim for Priority and copy of Priority Document
Preliminary Amendment
Information Disclosure Statement
IDS and copies of documents referenced in IDS
Check for \$790.00
Return Post Card